

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:

https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa202ins.pdf

1. Name and address of Prime Contractor PAL-PRO BUILDERS LLC (NAME)		2. Contractor ID Number 32008	3. F ID or SS Number 46-2363353
302 LANZA AVE (ADDRESS)		4. Reporting Period 11/1/2022 - 11/30/2022	
GARFIELD NJ 07026 (CITY) (STATE) (ZIP CODE)		5. Public Agency Awarding Contract Maplewood Library	Date of Award 6/5/2022
		6. Name and Location of Project 51 Baker Street, Maplewood, N.J 0	7. Project ID Number 73493

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS		14. % OF WORK HRS		15. CUM. WORK HRS		16. CUM. % OF W/H			
				A.	B.	C.	D.	E.	F.		TOTAL	A.	B.	A.	B.	TOTAL	A.	B.	A.	B.
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES		MIN. W/H	FEMALE W/H	% OF MIN. W/H	% OF FEMALE W/H	MIN. HOURS	FEMALE HOURS	% OF MIN. W/H	% OF FEM. W/H		
Pal-Pro Builders	7.10	GC	J	2	0	0	0	0	0	0	10	0	0	0	0	10	0	0	0	0
			AP																	
Apollo Mac LLC																				
	1%	Electri	J	1	0	0	0	0	0	1	8	0	0	0	0	8	0	0	0	0
	1%	Electri	AP	1	0	0	0	0	0	1	8	0	0	0	0	8	0	0	0	0
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17. COMPLETED BY (PRINT OR TYPE)

17. COMPLETED BY (PRINT OR TYPE)

Sinisha Spasovski

(NAME)



(SIGNATURE)

President

(TITLE)

201

(AREA CODE)

367.8365

(TELEPHONE NUMBER)

(EXT.)

11/30/2022

(DATE)

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:

https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa202ins.pdf

1. Name and address of Prime Contractor Apollo Mac LLC (NAME)		2. Contractor ID Number 682969	3. FID or SS Number 271-813-006
226 Wessington Ave (ADDRESS)		4. Reporting Period 10/01/2022-10/31/2022	5. Public Agency Awarding Contract Maplewood Library Date of Award 6/5/2022
Garfield (CITY)	NJ (STATE)	07026 (ZIP CODE)	6. Name and Location of Project 51 Baker Street, Maplewood, N.J 0 County
			7. Project ID Number 73493

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS		14. % OF WORK HRS		15. CUM. WORK HRS		16. CUM. % OF W/H			
				A.	B.	C.	D.	E.	F.		A.	B.	A.	B.	TOTAL	A.	B.	A.	B.	
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES		MIN. W/H	FEMALE W/H	% OF MIN. W/H	% OF FEMALE W/H	WORK HOURS	MIN. HOURS	FEMALE HOURS	% OF MIN. W/H	% OF FEM. W/H	
Apollo Mac LLC	1%	Electri	J	1	0	0	0	0	0	1	8	0	0	0	0	8	0	0	0	0
	1%	Electri	AP	1	0	0	0	0	0	1	8	0	0	0	0	8	0	0	0	0
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17. COMPLETED BY (PRINT OR TYPE)

17. COMPLETED BY (PRINT OR TYPE)

Vane Vlasevski

(NAME)

(SIGNATURE)

President

(TITLE)

862

(AREA CODE)

221-2518

(TELEPHONE NUMBER)

(EXT.)

10/30/2022

(DATE)

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:

https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa202ins.pdf

1. Name and address of Prime Contractor PAL-PRO BUILDERS LLC (NAME)		2. Contractor ID Number 32008	3. F ID or SS Number 46-2363353
302 LANZA AVE (ADDRESS)		4. Reporting Period 11/1/2022 - 11/30/2022	5. Public Agency Awarding Contract Maplewood Library Date of Award 6/5/2022
GARFIELD (CITY)	NJ (STATE)	07026 (ZIP CODE)	6. Name and Location of Project 51 Baker Street, Maplewood, NJ 0 County
			7. Project ID Number 73493

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS				14. % OF WORK HRS		15. CUM. WORK HRS			16. CUM. % OF W/H	
				A.	B.	C.	D.	E.	F.		A.	B.	A.	B.	TOTAL	A.	B.	A.	B.		
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES		MIN. W/H	FEMALE W/H	% OF MIN. W/H	% OF FEMALE W/H	WORK HOURS	MIN. HOURS	FEMALE HOURS	% OF MIN. W/H	% OF FEM W/H		
Pal-Pro Builders	7.10	GC	J	2	0	0	0	0	0	0	10	0	0	0	0	10	0	0	0	0	
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17. COMPLETED BY (PRINT OR TYPE)

Sinisha Spasovski

President

(NAME)

(SIGNATURE)

(TITLE)

201

367.8365

11/30/2022

(AREA CODE)

(TELEPHONE NUMBER)

(EXT.)

(DATE)

Payroll Certification for Public Works Projects
for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☒ Contractor or ☐ Subcontractor

Pal-Pro Builders, LLC

F.E.I.N. 46-2363353

Payroll No.

08

Date Wages Due & Paid (mm/dd/yyyy)

11/11/2022

Week Ending Date

11/06/2022

or ☐ Final Certification

Business Address

302 Lanza Ave, Floor 2, Garfield, NJ 07026

Project Location

51 Baker Street
Maplewood, NJ 07040

Project Name

Maplewood Memorial Library

Contract I.D. or Project I.D.

Contractor Registration #

SUBMIT form by email: [NJLWD@NJ.gov](#)

IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned		8. Deductions					9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour			
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key		SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	State Tax	Other Social Security	(specify) Medical Medicare			Total Deductions		
						10/30	10/31	11/01	11/02	11/03	11/04	11/05														
Goran Madjovski 27 Belmont Ave, Garfield, NJ 07026 xxx-xx-2261	Foreman	Mason	M	W	S		0	0	5	0	0		5.00	86.43			432.15	\$432.15	3.98	\$ 0.00	1.20	26.79	6.27	\$ 38.24	\$ 393.91	
Ratko Dimoski 41 Belmont Ave, Garfield, NJ 07026 xxx-xx-9832	Journeyman	Mason	M	W	S		0	0	5	0	0		5.00	80.43			402.15	\$ 402.15	5.74	\$ 7.00	2.83	24.93	5.83	\$ 46.33	\$ 355.82	
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KEY W= White; B= Black or African American;
A= Asian; N= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

- I hereby certify that I pay or supervise the payment of the persons employed by
Pal-Pro Builders, LLC
(Contractor or Subcontractor)
on the Maplewood Memorial Library Maplewood, N.J. 07040
(Project Name & Location)
that during the payroll period beginning on (date) 10/31/22, and
ending on (date) 11/06/22, all persons employed on said project
have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of the
aforenamed Contractor or Subcontractor from the full weekly wages
earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other
than permissible deductions as defined in the New Jersey Prevailing
Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
seq.
- (2) That any payrolls otherwise under this contract required to be sub-
mitted for the above period are correct and complete; that the wage
rates for laborers or mechanics contained therein are not less than
the applicable wage rates contained in any wage determination in-
corporated into the contract; that the classifications set forth therein
for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly
registered with the United States Department of Labor, Bureau of
Apprenticeship and Training and enrolled in a certified apprenticeship
program.
- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS,
FUNDS OR PROGRAMS
☐ In addition to the basic hourly wage rates paid to each laborer
or mechanic listed in the above-referenced payroll, payments of
fringe benefits have been or will be made when due to appropriate
programs for the benefit of such employ-ees, as noted in Section
4(c) at right.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
☒ Each laborer or mechanic listed in the above-referenced payroll
has been paid as indicated on the payroll, an amount not less than
the sum of the applicable basic hourly wage rate plus the amount
of the required fringe benefits as listed in the contract, except as
noted in Section 4(c) at right.
- (5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall sub-
mit to the public body or lessor a certified payroll record each pay
period within 10 days of the payment of wages.
- ☒ By checking this box and typing my name below, I am electronically
signing this application. I understand that an electronic signature has
the same legal effect as a written signature.

Name Sinisha Spasovski

Title General Member Date (mm/dd/yy) 11/11/22

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. — N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)

To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

[illegible]

Payroll Certification for Public Works Projects
for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor Apollo Mac LLC			Business Address 226 Wessington Ave , Garfield NJ 07026		Project Name Maplewood Memorial Public Libr		SUBMIT form by email: equalpayact@dol.nj.gov IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.
F.E.I.N. 271-813006			Project Location 51 Beker Ave, Maplewood NJ		Contract I.D. or Project I.D.		
Payroll No. 1	Date Wages Due & Paid (mm/dd/yyyy) 11/04/2022	Week Ending Date 10/29/2022 or ☐ Final Certification	Contractor Registration # 682969				

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.					9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour		
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned		Deductions								
						10/23	10/24	10/25	10/26	10/27	10/28	10/29			This Project	This Week	FICA	Federal Tax	State Tax	Other	specify)			Total Deductions	
						Hours worked each day																			
Vlasevski, Vane 226 Wessington Ave., Garfield NJ 07026 xxx-xx-6597	Foreman	Electritian	M	W	S						8		8.00	113.73		909.84	\$5,434.08	415.71	\$ 947.54	288.46			\$ 1,651.71	\$ 3,782.37	
Kusibovski, Darko 226 Lanza Ave Garfield NJ 0026 xxx-xx-7519	Journeyman	Electritian	M	W	S						8		8.00	97.21		777.68	\$ 2,092.12	160.05	\$ 38.79	36.06	14.75		\$ 249.65	\$ 1,842.47	
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KEY: W=Writer, D=Director, M=Manager, A=Actor, S=Support, O=Other

KEY W= White; B= Black or African American;
A= Asian; N= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

- I pay or supervise the payment of the persons employed by
Apollo Mac LLC
(Contractor or Subcontractor)
on the Maplewood Memorial P
(Project Name & Location)
that during the payroll period beginning on (date) 10/23/22, and
ending on (date) 10/29/22, all persons employed on said project
have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of
the aforementioned Contractor or Subcontractor from the full weekly wages
earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other
than permissible deductions as defined in the New Jersey Prevailing
Wage Act, N.J.S.A. 34:11-56.25 et seq, and Regulation N.J.A.C.
12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
seq.
- (2) That any payrolls otherwise under this contract required to be sub-
mitted for the above period are correct and complete; that the wage
rates for laborers or mechanics contained therein are not less than
the applicable wage rates contained in any wage determination in-
corporated into the contract; that the classifications set forth therein
for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly
registered with the United States Department of Labor, Bureau of
Apprenticeship and Training and enrolled in a certified apprenticeship
program.
- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS,
FUNDS OR PROGRAMS
- ☐ In addition to the basic hourly wage rates paid to each laborer
or mechanic listed in the above-referenced payroll, payments of
fringe benefits have been or will be made when due to appropriate
programs for the benefit of such employ-ees, as noted in Section
4(c) at right.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- ☐ Each laborer or mechanic listed in the above-referenced payroll
has been paid as indicated on the payroll, an amount not less than
the sum of the applicable basic hourly wage rate plus the amount
of the required fringe benefits as listed in the contract, except as
noted in Section 4(c) at right.
- (5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit
to the public body or lessor a certified payroll record each pay
period within 10 days of the payment of wages.
- ☒ By checking this box and typing my name below, I am electronically
signing this application. I understand that an electronic signature has
the same legal effect as a written signature.

Name Vane Vlasevski

Title President Date (mm/dd/yy) 11/01/22

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
- N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

[illegible]